

## **10. COMMUNITY ALTERNATIVES PROGRAM FOR PERSONS WITH AIDS (CAP/AIDS)**

This section describes Medicaid's coverage of services provided for CAP/AIDS participants. It tells you about:

- What CAP/AIDS Covers – See 10.1, page 10-2
- Who's Covered – See 10.2, page 10-6
- Limitations – See 10.3, page 10-6
- Who May Provide CAP/AIDS Services – See 10.4, page 10-7
- Getting a Service – See 10.5, page 10-8
- Delivering, Supervising and Coordinating Care – See 10.6, page 10-9
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- CAP/AIDS Records – See 10.10, page 10-10
- Getting Paid – See 10.11, page 10-11

The material in this section is primarily directed to providers other than the local CAP/AIDS case management agencies. Information specific to the case management agencies and the services that they provide is in the *CAP/AIDS Manual*.

At the end of this section are some of the questions often asked about CAP/AIDS and the answers to those questions. See CAP/AIDS Q & A (page 10-14). A description of CAP is in Section 2.

Participants in CAP/AIDS are referred to as “clients” throughout this section.

## 10.1 What CAP/AIDS Covers

The services covered under CAP/AIDS include:

### 10.1.1 Adult Day Health Services

Adult Day Health Care is care for the client for four or more hours on a regularly scheduled basis. It is provided for one or more days per week in a certified Adult Day Health Care facility. This type of care is for aged, disabled, and handicapped adults who need a structured day program of activities and services with nursing supervision. It is an organized program of services during the day in a community group setting. The program supports the adult's independence and promotes social, physical, and emotional well-being. Services include health services and a variety of program activities designed to meet the individual needs and interests of the clients, and referral to and assistance in using appropriate community resources. Food and food services include a nutritional meal and snacks as appropriate to the program.

### 10.1.2 CAP/AIDS In-Home Aide Services

CAP/AIDS In-Home Aide Services are assistance with personal care and basic home management tasks for individuals who are unable to perform these tasks independently due to physical or mental impairments. Personal care is help with activities such as bathing, dressing, and grooming. Home management is assistance with tasks such as light housekeeping, laundry, and meal preparation.

The services are provided at two levels: In-Home Aide Level II and In-Home Aide Level III – Personal Care.

- **In-Home Aide Level II** in CAP/AIDS includes the following home management and personal care tasks:

#### **Home Management**

- ◆ Assist in following prepared budget
- ◆ Assist to find and use community resources
- ◆ Perform reading and writing tasks
- ◆ Demonstrate and model housekeeping
- ◆ Assist in organizing household routines
- ◆ Plan menus using food guide
- ◆ Assist with developing a market order and shopping
- ◆ Demonstrate and model food handling, preparation and storage

**Personal Care** (The tasks with an asterisk (\*) require the aide's demonstrated competency to be verified by an RN.)

- ◆ Assist ambulatory client with mobility and toileting
- ◆ Provide care for normal, unbroken skin
- ◆ Assist with personal hygiene (mouth care, hair and scalp grooming, fingernails and bathing: shower, tub, bed and basin)
- ◆ Cut and trim hair
- ◆ Provide basic first aid
- ◆ Shave client (electric and safety razor)
- ◆ Assist with applying ace bandages, TED's, binders as stipulated in the service plan, and under the direction of the client\*
- ◆ Assist limited function patient with dressing

- ◆ Observe, record and report self-administered medications
  - ◆ Assist with applying and removing prosthetic devices for stable clients as stipulated in the service plan, and under the direction of the client\*
  - ◆ Assist with feeding clients with special conditions (no swallowing difficulties)
  - ◆ Assist and encourage physical activity and/or prescribed exercise
  - ◆ Assist client with self-monitoring of temperature, pulse, blood pressure and weight as stipulated in the service plan, and under the direction of the client\*
- **In-Home Aide Level III-Personal Care** includes the following personal care tasks. Aides performing any of these tasks must meet the NC Board of Nursing's competency requirements and be registered as a Nurse Aide I in the NC Nurse Aide Registry at the Division of Facility Services.
    - ◆ Assist with feeding clients with special conditions
    - ◆ Give bed bath
    - ◆ Make occupied bed
    - ◆ Assist with mobility, gait training using assistive devices
    - ◆ Assist with range of motion exercises
    - ◆ Assist limited function patient with dressing
    - ◆ Take and record temperature, pulse, respirations, blood pressure, height and weight
    - ◆ Observe, record and report self-administered medications
    - ◆ Apply and remove prosthetic devices for stable client
    - ◆ Apply ace bandages, TED's, binders
    - ◆ Assist with scalp care
    - ◆ Trim toenails for clients without diabetes or peripheral vascular disease
    - ◆ Empty and record drainage of catheter bag
    - ◆ Shave clients with skin disorders
    - ◆ Administer enemas
    - ◆ Insert rectal tubes and flatus bags
    - ◆ Bowel and bladder retraining
    - ◆ Collect and test urine or fecal specimens
    - ◆ Perineal care
    - ◆ Apply condom catheters
    - ◆ Chair and stretcher transfer
    - ◆ Turn and position
    - ◆ Safety measures (side rails, mitts, restraints)
    - ◆ Change non-sterile dressings
    - ◆ Force and restrict fluids
    - ◆ Apply prescribed heat and cold
    - ◆ Care for non-infected decubitus ulcers
    - ◆ Assist clients in understanding medical orders and routines, encourage compliance
    - ◆ Assist with purchase and preparation of diet food specified by professional
    - ◆ Vaginal douches after instruction
    - ◆ Assist with prescribed physical and occupational therapy
    - ◆ Plan menus for special diets
    - ◆ Monitor dietary treatment plan, provide feedback to professional

In addition to the Level III-Personal Care tasks, the Level III aide may:

- ◆ Perform Nurse Aide II tasks as part of this service when the tasks are performed according to NC Board of Nursing rules. Registration with the NC Nurse Aide Registry as a Nurse Aide II or special training of Nurse Aide I personnel with Board of Nursing

approval is required. If you are considering providing any Nurse Aide II tasks, contact the Board of Nursing for guidance.

- ◆ Perform all Level II tasks.

In-Home Aide Level I is not covered as a separate service in CAP/AIDS. If In-Home Level II or In-Home Level III-Personal Care services are needed, the aide may do the following Level I tasks while in the home to provide the higher level services.

- Pay bills as directed by client
- Provide transportation for essential shopping
- Clean and care for clothing: ironing, simple mending, laundering
- Do basic housekeeping tasks: sweeping, vacuuming, dusting, mopping, dishes
- Make unoccupied bed
- Recognize and report changes in health and environment
- Identify medications for client
- Provide companionship and emotional support
- Prepare simple meals
- Shop for food from verbal or written instruction
- Observe and report symptoms of abuse, neglect, and illness to proper professional

**CAUTIONS:** *As you consider the tasks to be assigned to the aide, remember:*

- *You may not provide an aide to do only In-Home Aide Level I tasks during a visit. The Level I tasks are covered only when the aide is in the home to provide Level II or Level III-Personal Care.*
- *Medical transportation, such as transporting a client to a physician's office, a clinic or a hospital, is not paid under In-home Aide Services. Also, an aide accompanying the client during such travel is not paid. Medicaid covers medical transportation through other sources.*
- *Aides may not administer medications – that is, decide which medication a client needs at a given time. The aide may follow instructions from a mentally competent client to assist the client in taking the medication, or can follow specific instructions from the primary caregiver in giving the client pre-measured medications.*

### 10.1.3 CAP/AIDS Waiver Supplies

The following items may be provided to a CAP/AIDS participant to promote the health and well-being of the individual.

- Nutritional supplements taken by mouth when ordered by a physician.
- Reusable incontinence undergarments with disposable liners.
- Medication dispensing boxes. These are boxes with compartments that can be prefilled to proportion doses of medication for specific time and days so that the client can independently take the medication, or an individual can safely assist the client in the taking of medications.

### 10.1.4 Case Management

Case management is assessing client needs and planning care as well as locating, obtaining, coordinating, and monitoring services to maintain the client's health, safety, and well-being in the community. The case manager's responsibilities are in the *CAP/AIDS Manual*.

### 10.1.5 Home Mobility Aids

Home Mobility Aids are the following items provided to give the client mobility, safety, and independence in the home. They are used to adapt the client's home environment to help overcome specific functional limitations:

- Wheelchair ramps.
- Safety rails.
- Grab bars.
- Non-skid surfaces - rough surfaced strips of adhesive material that adhere to non-carpeted areas such as concrete, linoleum, wood, tile, porcelain, or fiberglass.
- Handheld showers.
- Widening of doorways for wheelchair access for the CAP/AIDS client.

### 10.1.6 Personal Emergency Response System (PERS)

This service pays for the monthly service charge or monthly rental charge for a system that uses phone lines to alert a response center of medical emergencies that threaten the clients' well-being. This service may also alert the response center of other situations that threaten the client's safety. The response center is staffed by appropriately trained professionals who can respond to an emergency. The service is for clients who live alone or who are alone for significant parts of the day and who would otherwise require extensive routine supervision.

**NOTE:** *This service does not pay for the purchase or installation of equipment in the client's home.*

### 10.1.7 Preparation and Delivery of Meals.

This service, often referred to as "Meals on Wheels," provides for the preparation and delivery of one nutritious meal per day, which may include special diets, to the client's home.

### 10.1.8 Respite Care

Respite Care is the provision of temporary support to the primary unpaid caregiver(s) of the client by taking over the tasks of that person(s) for a limited period of time. This service may be used to meet a wide range of needs, including family emergencies; planned special circumstances (such as vacations, hospitalizations, or business trips); relief from the daily responsibility and stress of caring for a special needs person; or the provision of time for the caregiver(s) to shop, run errands, and perform other tasks. It also may be used to provide respite to the client from the primary caregiver(s). Respite Care is available as In-Home Respite, in which the respite worker goes into the client's home; and as Institutional Respite, in which the client goes into a facility that is licensed to provide the appropriate level of care. The tasks covered under In-Home Respite/Aide Level are identical to those provided under CAP/AIDS In-Home Aide Services. When a client requires tasks that may only be done by a licensed nurse, In-Home Respite/Nurse Level is provided.

## 10.2 Who's Covered

Whether a client is covered for a CAP/AIDS service depends on three factors:

### 10.2.1 Type of Medicaid Coverage

A client must be covered under regular Medicaid coverage – that is, have a **BLUE** card. A Medicaid for Pregnant Women (MPW) recipient – a person with a **PINK** card – may also participate in CAP/AIDS if the participation is pregnancy-related.

### 10.2.2 Approval of CAP/AIDS Participation

A client's CAP/AIDS participation must be approved according to CAP/AIDS procedures. A CAP/AIDS client has an **AI** or **AS** in the CAP block of the Medicaid ID card.

### 10.2.3 Approval of the Service in the Plan of Care

Each CAP/AIDS service, including its amount, duration and frequency, must be approved in the client's CAP/AIDS Plan of Care.

## 10.3 Limitations

### 10.3.1 Prior Approval

Prior approval in the CAP/AIDS Plan of Care is required for each CAP/AIDS service provided to the client.

### 10.3.2 Amount of Service

The amount of service is limited to that which is approved in the CAP/AIDS Plan of Care. The individual service limits considered in approving the plan include:

- **Home Mobility Aids:** Up to \$1,500 is allowed for a State fiscal year (July-June).
- **Respite Care:** Respite care may not exceed 30 days (720 hours) in a State fiscal year. Each day of Institutional Respite counts as 24 hours against this limit.
- **Preparation and Delivery of Meals:** This service is limited to one meal per day.

### 10.3.3 Other Limitations

Medicaid payment is restricted in relation to the following services:

- **All CAP/AIDS Services:** You may not bill for a CAP/AIDS service furnished when a client is in an institution such as a hospital, nursing facility or ICF/MR. (There is an exception for case management that is described in the *CAP/AIDS Manual*.)
- **Adult Day Health Care:** This service may not be provided at the same time of day that a client receives In-Home Aide Services, Respite, or one of the regular Medicaid services that works directly with the client, such as Personal Care Services.
- **CAP/AIDS In-Home Aide Services:** You may not bill for this service if it is provided on the same day that a client receives a substantially equivalent service such as regular Medicaid

PCS. You may not bill for this service if it is provided at the same time of day as a Home Health Aide visit, Respite or Adult Day Health Care.

#### **10.4 Who May Provide CAP/AIDS Services**

You may provide the CAP/AIDS services that are approved in your Medicaid participation agreement with DMA. See Section 18 for information on provider enrollment. The qualifications for each service follow.

##### **10.4.1 Adult Day Health Services**

Your center must be an Adult Day Health Care facility certified by the North Carolina Division of Aging.

##### **10.4.2 CAP/AIDS In-Home Aide Services.**

Your agency must be licensed by the Division of Facility Services to provide in-home aide services. Aides must meet the competency requirements for the level of service they are required to perform. In addition, an aide performing any Level III-Personal Care task or any task deemed by the North Carolina Board of Nursing to require Nurse Aide I registration, must be registered as a Nurse Aide I. The aides must be supervised according to Home Care Licensure rules.

You may employ a spouse, parent, child or sibling of the client to provide this service only if the person:

- Is at least 18 years of age;
- Meets the aide qualifications; and
- Gives up employment or the opportunity for employment in order to perform the service.

This restriction applies only to a spouse, parent, child or sibling of the client. You may employ other relatives who meet aide qualifications without regard to giving up employment or the opportunity for employment.

##### **10.4.3 CAP/AIDS Waiver Supplies**

This service is provided through the CAP/AIDS case management agency. The supplies must be considered by the case manager to be of sufficient quality in order to be provided for the intended use

##### **10.4.4 Case Management**

The case management agency must be certified by the AIDS Care Unit to provide HIV Case Management Services. The case manager must be qualified and supervised according to the certification requirements. The requirements are in 10 NCAC 26.B .0124. Contact the AIDS Care Unit for additional information.

##### **10.4.5 Home Mobility Aids**

This service is provided through the CAP/AIDS case management agency. Requirements for the service are in the *CAP/AIDS Manual*.

#### 10.4.6 Personal Emergency Response System (PERS)

Your agency must be recognized by the local CAP/AIDS case management agency as having the capability to provide efficient, reliable monitoring service, 24 hours per day, seven days per week.

#### 10.4.7 Preparation and Delivery of Meals

Your agency/organization must meet the requirements for this service as set by the North Carolina Division of Aging or North Carolina Division of Social Services.

#### 10.4.8 Respite Care

The qualifications depend on the type of respite.

- **In-Home Respite/Aide Level:** Your agency must meet the same requirements as those listed for CAP/AIDS In-Home Aide Services. See 10.4.2.
- **In-Home Respite/Nurse Level:** Your agency must be a home care agency licensed by the North Carolina Division of Facility Services to provide nursing services. The nurse providing the care must be qualified and supervised according to Home Care Licensure Rules.
- **Institutional Respite:** Your facility must be licensed to provide the level of care required by the client – for example, a client who requires ICF care must be placed in a Medicaid bed in a facility licensed to provide that level of care.

### 10.5 Getting a Service

An individual applies for CAP/AIDS at a local CAP/AIDS case management agency. If the client is approved to participate by the AIDS Care Unit, the CAP/AIDS case manager authorizes the delivery of the CAP/AIDS services in the approved CAP/AIDS Plan of Care. The following outlines the basic steps to get a CAP/AIDS service from your agency. The steps are in the order that they are usually accomplished.

**CAUTION:** CAP/AIDS case managers may authorize only CAP/AIDS services – they have no authority to order or approve other Medicaid services.

#### Step 1 Receive Service Authorization

The CAP/AIDS case manager sends you a written authorization that includes:

- The client's name (as it appears on the Medicaid ID card), Medicaid ID number, address and phone number.
- The name, address and phone number of the responsible party, if other than the client.
- The name and phone number of the case manager.
- Each service to be provided, when it is to be provided, where it is to be provided and its expected duration.
- The payment for each service. If your usual charge exceeds the Medicaid maximum, your usual charge should be shown as well as the amount that Medicaid will pay.



- The client's diagnoses.

**REMEMBER:** The CAP/AIDS case manager may authorize only CAP/AIDS services. If you are providing other services to a CAP/AIDS client, get any approvals required for the specific service.

#### **Step 2     Verify Medicaid Eligibility**

Check to see that the client has a Medicaid ID card with an **AI** or **AS** in the CAP block in the upper left corner. Contact the CAP/AIDS case manager if an **AI** or **AS** is not in the CAP block.

**REMEMBER:** Check all of the other information on the card – such as eligibility dates, insurance information and other important items noted in Section 3 of the Community Care Manual.

#### **Step 3     Consider Appropriateness**

The CAP/AIDS case manager's authorization is based on a thorough assessment of the client's needs. You do not have to repeat that process, but you should review the information about the client and the client's situation to ensure that the service appears appropriate and that you can provide the ordered services.

#### **Step 4     Resolve Questions**

If you have incomplete information or if your review raises questions, contact the CAP/AIDS case manager about your concerns before proceeding.

### **10.6     Delivering, Supervising and Coordinating Care**

Provide the service as it is ordered by the CAP/AIDS case manager. Be sure that the service is provided and supervised according to applicable laws, regulations and professional practices.

The CAP/AIDS case manager is primarily responsible for coordinating services. You need to ensure the best care for the client while avoiding duplication or overlap. When you observe potential problems or conflicts, contact the CAP/AIDS case manager.

### **10.7     Changing Services**

Contact the client's CAP/AIDS case manager when a service needs to be changed.

- **Rescheduling a Service:** Follow the procedures given to you by the CAP/AIDS case manager when a service must be rescheduled.
- **Changing the Amount, Duration or Frequency of a Service:** When you believe that a change is needed in how much of a service is provided, how long it is provided, or how often it is provided, contact the CAP/AIDS case manager. The case manager must follow CAP/AIDS policies and procedures regarding changes in services.

### **10.8     Changing Provider Agencies**

A change of providers may occur due to the client exercising his freedom of choice of providers, the inability of the provider to continue care, or for other reasons. Contact the CAP/AIDS case manager to initiate a change.

## 10.9 Terminations

The CAP/AIDS case manager coordinates the termination of a CAP/AIDS service, as well as the termination of a client from program participation. The case manager will notify you in writing if a service is to be stopped. If you need to stop a service, contact the case manager.

## 10.10 CAP/AIDS Records

The following provides instructions specific to CAP/AIDS. These are in addition to the record keeping responsibilities in Section 4. You must document the provision of a service before seeking Medicaid payment. Your records must provide an audit trail for services billed to Medicaid.

Documentation requirements differ according to the service. You must also keep related personnel, financial and other management records as required by the Medicaid Provider Participation Agreement, Medicaid rules, and State and Federal law.

**REMEMBER:** *This section includes Medicaid's minimum requirements for client records and related information. Nothing in this section relieves a provider from the rules and requirements of other entities.*

All records must contain the client's name and MID as on the Medicaid ID card. Keep:

- Service authorizations from the CAP/AIDS case manager, including any amendments to those authorizations, and related correspondence.
- Copies of claims submitted to Medicaid and third party payers, as well as related correspondence.
- Service documentation that shows:
  - What service was provided;
  - The date that the service was provided;
  - Where the service was provided; and
  - The following information specific to the service:

**Adult Day Health Care:** Maintain attendance records of the Adult Day Health Care Center. Other records in the center should be available to document participation in the program and care received at the center.

**CAP/AIDS In-Home Aide Services:** Keep time logs in either weekly or daily formats maintained by each aide that provides services. After providing the service, the aide enters the date of service, the time the service began, the time it ended, and the tasks performed. The aide signs and dates the log to certify that the aide worked the time and dates listed, and performed the indicated tasks. The client/responsible party must sign the log to certify that the tasks were performed satisfactorily and the time is correct. You may use a log like the sample PCS log in Section 6.

**Personal Emergency Response System (PERS):** In addition to dates of service, the documentation must also show that the service is provided as described in 10.1.6.

**Preparation and Delivery of Meals:** In addition to a record of the dates meals were provided, agency records must document that DSS or DOA standards were met for menu planning, nutritional requirements, and food preparation, packaging and delivery.

**Respite Care:** Maintain a record of the date and time of day that the care was provided, the type provided, where it was provided and who provided the care.

The CAP/AIDS case management agency also maintains records according to the *CAP/AIDS Manual*.

## 10.11 Getting Paid

The instructions for filing claims are in Section 14. Keep the following in mind for CAP/AIDS claims.

**NOTE:** *CAP/AIDS case management agencies refer to the CAP/AIDS Manual for billing instructions for their services.*

### 10.11.1 What May Be Billed

You may bill Medicaid for the following services up to the amount ordered by the CAP/AIDS case manager, approved on the client's CAP/AIDS Plan of Care, and provided according to Medicaid policies and procedures.

**CAUTION:** *Medicaid is responsible for paying for a CAP/AIDS service as it is approved on the client's CAP/AIDS Plan of Care. If a CAP/AIDS case manager orders something not approved on the plan, payment is resolved between the local CAP/AIDS case management agency and the provider agency. Remember that CAP/AIDS case managers may authorize only CAP/AIDS services – they have no authority to order or approve other Medicaid services.*

- **For Adult Day Health Care**, bill your usual and customary rate for the days that the client received Adult Day Health Care at the Adult Day Health Care facility. If the client attended only part of the day and your center has a partial day rate, bill that rate. Attendance must be for at least four hours of the day.
- **For Personal Emergency Response Systems**, bill your customary monthly service charge for each month the client receives the service.
- **For Preparation and Delivery of Meals**, bill your customary charge for the preparation and delivery of each meal delivered to the client, not to exceed one per day.
- **For Respite Care – Institutional**, bill your Medicaid NF rate for the client's level of care for the calendar days of respite provided to the client.
- **For the following services**, bill your customary charge for the units provided to the client for each date of service. Remember to bill separately for each level of In-Home Aide Services and each level of In-Home Respite.

CAP/AIDS In-Home Aide -- Level II  
CAP/AIDS In-Home Aide – Level III-Personal Care  
Respite – In-Home/Aide Level  
Respite – In-Home/Nurse Level

For each of these services, a full 15 minutes of service is expected to be provided for each unit billed. Sometimes it will not be possible to complete a service exactly in a 15 minute period. At those times, convert time to units as follows:

- Step 1**      Total the amount of time spent providing the service during the day;
- Step 2**      Divide the total by 15 to get the number of full units; and

**Step 3** Add an additional unit if the remainder is eight minutes or more.

**REMEMBER:** *You may not bill for the time spent traveling to and from a client's residence. This is an overhead cost of providing the service that may be included in your rate.*

#### 10.11.2 Unit of Service

- **Adult Day Health Care Service:** The unit is a **DAY**.
- **CAP/AIDS In-Home Aide Services:** The unit is **15 minutes**.
- **Personal Emergency Response System:** The unit is a **MONTH**.
- **Preparation and Delivery of Meals:** The unit is **1**.
- **Respite Care – In-Home/Aide Level:** The unit is **15 minutes**.
- **Respite Care – In-Home/Nurse Level:** The unit is **15 minutes**.
- **Respite Care -- Institutional:** The unit is a **DAY**.

#### 10.11.3 Payment Rate

The maximum allowable rates are on the Medicaid fee schedule for CAP/AIDS.

- **Adult Day Health Care Service:** Your payment is calculated based on the lower of your billed usual and customary charge, and the maximum allowable rate.
- **CAP/AIDS In-Home Aide Services:** Your payment is calculated based on the lower of your billed usual and customary charge, and the maximum allowable rate.
- **Personal Emergency Response System:** Your payment is calculated based on the lower of your billed usual and customary charge, and the maximum allowable rate.
- **Preparation and Delivery of Meals:** Your payment is calculated based on the lower of your billed usual and customary charge, and the maximum allowable rate.
- **Respite Care – In-Home/Aide Level:** Your payment is calculated based on the lower of your billed usual and customary charge, and the maximum allowable rate.
- **Respite Care – In-Home/Nurse Level:** Your payment is calculated based on the lower of your billed usual and customary charge, and the maximum allowable rate.
- **Respite Care – Institutional:** Your payment is calculated based on the least of your charge, your Medicaid rate, and the maximum allowable rate.

#### 10.11.4 Claim Preparation

Prepare your claim on a HCFA-1500. See 14.7 for general instructions.

Use the following guidance for completing item 24 – the part where you list what you are billing. Item 24 has several lines for listing billed services. Each line is a “detail”.

**24A. DATES OF SERVICE, FROM/TO:** Your entry depends upon the service.

**Adult Day Health Care:** Combine all consecutive days of service on one line. The FROM entry is the first date of service and the TO entry is the last consecutive date of service. If the service is provided for only a single day, list it on a separate line. Remember that when consecutive days are billed on a line, the units shown in **24G** must equal the number of days in **24A**.

**CAP/AIDS In-Home Aide – Level II:** Use a separate line for each day that the service is provided. Place the date of service in the FROM block. Enter the same date in the TO block.

**CAP/AIDS In-Home Aide – Level III:** Use a separate line for each day that the service is provided. Place the date of service in the FROM block. Enter the same date in the TO block.

**Personal Emergency Response System:** Enter the LAST day of the month that the service is provided in the FROM block. Enter the same date in the TO block.

**Preparation and Delivery of Meals:** Combine all consecutive days of service on one line. The FROM entry is the first date of service and the TO entry is the last consecutive date of service. If the service is provided for only a single day, list it on a separate line. Remember that when consecutive days are billed on a line, the units shown in **24G** must equal the number of days in **24A**.

**Respite Care – In-Home/Aide Level:** Use a separate line for each day that the service is provided. Place the date of service in the FROM block. Enter the same date in the TO block.

**Respite Care – In-Home/Nurse Level:** Use a separate line for each day that the service is provided. Place the date of service in the FROM block. Enter the same date in the TO block.

**Respite Care – Institutional:** Combine all consecutive days of service on one line. The FROM entry is the first date of service and the TO entry is the last consecutive date of service. If the service is provided for only a single day, list it on a separate line. Remember, when consecutive days are billed on a line, the units in **24G** must equal the number of days in **24A**.

**24B. PLACE OF SERVICE:** Enter **12**.

**24C. TYPE OF SERVICE:** Enter **01**.

**24D. PROCEDURES, SERVICES OR SUPPLIES:** Enter the appropriate HCPCS. Do not enter any information under MODIFIER.

Adult Day Health Care: **W8170**

CAP/AIDS In-Home Aide – Level II: **W8172**

CAP/AIDS In-Home Aide – Level III: **W8173**

Personal Emergency Response System: **W8171**

Preparation and Delivery of Meals: **W8174**

Respite Care – In-Home/Aide Level: **W8167**

Respite Care – In-Home/Nurse Level: **W8168**

Respite Care – Institutional: **W8169**

**24E. DIAGNOSIS CODE:** Leave blank.

**24F. CHARGES:** Enter the total charge for the services on the line. The charge is your unit rate times the number of units billed on the line.

**24G. DAYS OR UNITS:** Enter the number of units billed on this line.

**Services Measured by 15 Minute Unit or Day:** Enter the number of 15 minute units or days as appropriate.

**Personal Emergency Response System:** Enter 1.

**Preparation and Delivery of Meals:** Enter the number of meals billed.

**24H. EPSDT/FAMILY PLANNING:** Leave blank.

**24I. EMG:** Leave blank.

**24J. COB:** Optional.

**24K. RESERVED FOR LOCAL USE:** Enter the name of the service or leave blank.

#### 10.11.5 Claims Submission

Send the paper claim or a printout of the electronic claim to the CAP/AIDS case manager for approval before sending it to EDS. The case manager will review the claim to see if it accurately reflects authorized services.

**CAUTION:** Do not send a paper or electronic claim to EDS before the case manager approves the claim. Claims submitted and paid before being approved by the case manager may be recouped.

- **Accurate Claims:** The case manager approves a paper claim by signing the bottom of the claim form. The case manager either returns the claim to you or sends it to EDS according to your agreement with the case manager. The case manager approves the electronic claim by signing the bottom of the printout and returning the printout to your agency.
- **Inaccurate Claims:** The case manager contacts your agency to resolve the discrepancy.

#### CAP/AIDS Q & A

The following includes some of the common questions about CAP/AIDS and the answers to those questions.

- 1. Q.** The client's daughter has asked our agency to provide two additional hours of CAP/AIDS In-Home Aide Services for just one day so that she can work overtime at her job. May we provide the hours?

**A.** You need the CAP/AIDS case manager's approval before changing services. Ask the daughter to call the case manager to get approval. CAP/AIDS has procedures to make such changes.
- 2. Q.** The client is improving and may no longer meet ICF criteria. I am reluctant to report this to the CAP/AIDS case manager as I am afraid the client will not get needed care without CAP. Are there alternatives?

**A.** You need to report the change to the CAP/AIDS case manager so that the client's current level of care may be determined. If the client is no longer eligible for CAP, there are other Medicaid services such as HIV Case Management Services, Home Health Services and PCS that may be able to meet the client's needs.

3. **Q.** A client has asked the In-Home Aide employed by our agency to take her to the doctor. May we take her and bill the time as CAP/AIDS In-Home Aide Services?
- A.** No. Either ask the client to contact the CAP/AIDS case manager about the problem or contact the case manager in the client's behalf. The case manager may help the client arrange transportation through the county DSS.
4. **Q.** One of the clients to whom we provide CAP/AIDS In-Home Aide Services is terminally ill. We are also a hospice and believe he may benefit from Hospice services. May a CAP/AIDS client also participate in Hospice?
- A.** It depends on whether Hospice will be paid by Medicare or Medicaid. A CAP/AIDS client usually may not receive Medicaid Hospice because the cost of Hospice causes the client's home care costs to exceed the CAP/AIDS limit. If Medicare will be the payer, your agency and the CAP/AIDS case manager determine which of the client's needs are not met by the Hospice benefit. In addition to Case Management, a Medicare Hospice patient may be considered for the following CAP/AIDS services:
- Adult Day Health Care
  - Personal Emergency Response System
  - Home Mobility Aids
  - In-Home Respite (Hospice covers Institutional Respite)
  - Preparation and Delivery of Meals
  - CAP/AIDS Waiver Supplies

The client also may receive CAP/AIDS In-Home Aide Services to the extent that they do not duplicate what the hospice agency is required to provide under hospice home health aide and homemaker services. The CAP/AIDS case manager follows instructions in the *CAP/AIDS Manual* to coordinate aide services with your agency.

**REMEMBER:** *CAP/AIDS cannot provide services that duplicate or replace the care that is the responsibility of the hospice agency.*

5. **Q.** Our agency is a Medicaid enrolled provider for CAP/AIDS In-Home Aide Services; however, we contract with another agency to staff the service. Must our agency be licensed? Must the contract agency be licensed?
- A.** Yes to both questions. If your agency is billing Medicaid for CAP/AIDS In-Home Aide Services, it must be a home care agency licensed for the provision of in-home aide services. Also, the agency staffing the service must be licensed.
6. **Q.** May the CAP/AIDS case manager select which agency provides CAP/AIDS In-Home Aide Services to CAP clients?
- A.** No. According to Federal regulations, a CAP client has the freedom of choice to select among enrolled Medicaid providers. This applies to CAP services as well as other Medicaid services, such as Durable Medical Equipment and Home Health Services. The CAP/AIDS case manager may assist the client in selecting an agency, such as telling the client which agency serves a part of the county, and may answer the client's questions, but may not attempt to restrict the client's choice.
7. **Q.** The CAP/AIDS case manager has requested that we use only Nurse Aide I's to provide CAP/AIDS In-Home Aide Services regardless of the client's needs. Are we required to provide NA I's to clients who do not need NA I services – that is, they need only In-Home Aide Level II services?
- A.** No. NA I's are not required for In-Home Aide Level II care. Such a requirement would be a qualification above the Medicaid qualification for the service.

8. **Q.** We have a client who requires only In-Home Aide Level II tasks. May we assign an NA I to the client?
- A.** Yes; however, you bill Medicaid for In-Home Aide Level II Services.

9. **Q.** We have a client who needs aide services five days per week, but it is not necessary to have Level III tasks completed every day. Should we assign a Level II aide on those days or assign a Level III aide for all the days? If we assign a Level III aide for all the days, do we bill for Level III for all of the days?
- A.** What you bill needs to match what is approved on the CAP/AIDS Plan of Care. You may arrange with the CAP/AIDS case manager to assign and bill for Level III services for all of the days or assign and bill for Level II services on the days when Level III services are not needed. As a practical matter, it is less confusing for the client and family, and provides better care to assign the same aide for all of the client's care. Also, this allows for a Level III task to be accomplished at any time it is needed by the client.

**REMEMBER:** *Plan and coordinate your actions with the CAP/AIDS case manager so that what you bill matches what is approved on the CAP/AIDS Plan of Care.*

10. **Q.** A client's daughter, a Nurse Aide I, has asked to be employed as her mother's In-Home Aide. What considerations are involved in employing her?
- A.** The daughter must be qualified and must give up employment or the opportunity for employment for you to consider hiring her – see 4.2 for details. If she meets the requirements in 4.2, you decide whether to hire her according to your hiring practices.
11. **Q.** We have a client who requires In-Home Aide Level III-Personal Care tasks as well as some Level I home management tasks. May we send a Level I aide to do the Level I tasks?
- A.** No. CAP/AIDS does not cover Level I tasks as a separate service. The Level I tasks should be done by the Level III aide during the aide's visits.
12. **Q.** The In-Home Aide is scheduled to be with the client from one to four in the afternoon. The client's daughter is taking the client to the doctor at three. May the aide remain at the client's home to complete home management tasks until four?
- A.** Yes, if all parties are in agreement – the client, family, aide, and your agency – and there are sufficient assigned tasks to be completed by the aide in the client's absence.